2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

September 9, 2021

We will begin in just a few moments. Thanks!

Not intended for press or for reporting purposes.
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of September 8, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

[COVID.sd.gov](https://COVID.sd.gov)

*Not intended for press or for reporting purposes.*
Agenda

- Situation Update
- Laboratory Guidance
- Long Term Care
- Vaccination Update
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session

Not intended for press or for reporting purposes.
Coronavirus Situation (as of September 7th, 2021)

- **International**
  - 221,134,742 confirmed cases
  - 4,574,089 deaths
- **United States** (50 states + DC)
  - 39,795,201 confirmed cases
  - 643,757 deaths
- **South Dakota**
  - 134,308 confirmed and probable cases
  - 2,074 deaths
  - 126,052 recovered cases

Not intended for press or for reporting purposes.
Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH

As of September 7, 2021

Not intended for press or for reporting purposes.
COVID-19 Case Map, by County

Community Spread Map by County of Residence

<table>
<thead>
<tr>
<th>Community Spread</th>
<th>Number of Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>4</td>
</tr>
<tr>
<td>Substantial</td>
<td>5</td>
</tr>
<tr>
<td>High</td>
<td>55</td>
</tr>
</tbody>
</table>

As of September 7, 2021

Not intended for press or for reporting purposes.
≥1 Dose COVID-19 Coverage Rate by Age Group, SD
As of September 6, 2021

Not intended for press or for reporting purposes.
General Testing Recommendations

Medical providers are recommended to test individuals (1) identified as a close contact to a person with COVID-19 or (2) signs and symptoms compatible with COVID-19 infection, including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea


Not intended for press or for reporting purposes.
Reporting COVID-19 Tests to SD-DOH

• **Reminder**: Coronavirus respiratory syndromes are a Category I disease

• Report *immediately* on suspicion of disease

• Reporting mechanisms:
  • Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
  • Flat file (CSV) – Secure email
  • Disease reporting website – [sd.gov/diseasereport](http://sd.gov/diseasereport)
    • **Ensure phone numbers are included**
  • Fax – 605.773.5509

*Not intended for press or for reporting purposes.*
Breakthrough, Variant, and Reinfection Cases

As of September 9, 2021

<table>
<thead>
<tr>
<th>Breakthrough Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1,718</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>141</td>
</tr>
<tr>
<td>Died</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variant Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>340</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>16</td>
</tr>
<tr>
<td>Died</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reinfection</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>336</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>28</td>
</tr>
<tr>
<td>Died</td>
<td>9</td>
</tr>
</tbody>
</table>

Cases, Hospitalizations, and Deaths by Age Group – Cumulative as of September 3rd, 2021
Cases, Hospitalizations, and Deaths by Age Group – July 1 – August 31, 2021
New Admissions of Patients with Confirmed COVID-19 per 100,000 Population among 0-17 Year Age Group, United States and South Dakota


Not intended for press or for reporting purposes.

As of July 31, 2021
• Adolescents aged 12-17 years that have received ≥1 dose of a COVID-19 vaccine
  - 42.4% in the United States
  - 34.4% in South Dakota
• Adolescents aged 12-17 years that have completed the vaccination series
  - 31.9% in the United States
  - 22.7% in South Dakota

http://dx.doi.org/10.15585/mmwr.mm7035e1

Not intended for press or for reporting purposes.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Female</td>
<td>Male</td>
<td>Total</td>
<td>Female</td>
<td>Male</td>
<td>Total</td>
<td>Female</td>
</tr>
<tr>
<td>United States</td>
<td>10,677,934</td>
<td>5,425,265</td>
<td>5,256,679</td>
<td>3,094,245</td>
<td>1,543,152</td>
<td>1,541,092</td>
<td>3,454,771</td>
<td>1,750,329</td>
</tr>
<tr>
<td>South Dakota</td>
<td>24,848</td>
<td>12,468</td>
<td>11,380</td>
<td>24,463</td>
<td>3,612</td>
<td>3,461</td>
<td>4,051</td>
<td>4,073</td>
</tr>
</tbody>
</table>

* Receipt of ≥1 COVID-19 vaccine dose is defined either as receiving at least one of the 2 doses of the Pfizer-BioNTech or Moderna vaccines or a single dose of the Janssen (Johnson & Johnson) vaccine. As of August 17, 2021, only the Pfizer-BioNTech vaccine had been authorized for use among adolescents aged 12–17 years. Moderna and Janssen COVID-19 vaccines were not authorized under emergency use for this age group during the analysis period; however, these vaccinations were included in this analysis.

† Fewer than 0.5% of the records were missing information on sex.

‡ COVID-19 vaccine doses administered to adolescents residing in Idaho were excluded because the state has data-sharing restrictions on information reported to CDC.

Table 1. Receipt of ≥1 COVID-19 vaccine dose by adolescents aged 12-17 years by age group and sex — United States, December 14, 2020–July 31, 2021

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Female</td>
<td>Male</td>
<td>Total</td>
<td>Female</td>
<td>Male</td>
<td>Total</td>
<td>Female</td>
</tr>
<tr>
<td>United States</td>
<td>8,045,685</td>
<td>4,117,404</td>
<td>3,928,281</td>
<td>2,183,597</td>
<td>1,093,057</td>
<td>1,080,539</td>
<td>2,570,498</td>
<td>1,311,724</td>
</tr>
<tr>
<td>South Dakota</td>
<td>16,383</td>
<td>8,318</td>
<td>7,821</td>
<td>4,264</td>
<td>2,113</td>
<td>2,108</td>
<td>5,037</td>
<td>2,574</td>
</tr>
</tbody>
</table>

* Vaccine series completion was defined as receiving either both doses of the Pfizer-BioNTech or Moderna vaccines, including mismatched products between the first and second dose (i.e., Pfizer-BioNTech for the first dose and Moderna for the second dose or vice versa) or a single dose for the Janssen (Johnson & Johnson) vaccine. As of August 17, 2021, only the Pfizer-BioNTech vaccine had been authorized for use among adolescents aged 12–17 years. Moderna and Janssen COVID-19 vaccines were not authorized under emergency use for this age group during the analysis period; however, these vaccinations were included in this analysis.

† Fewer than 0.5% of the records were missing information on sex.

‡ COVID-19 vaccine doses administered to adolescents residing in Idaho were excluded because the state has data-sharing restrictions on information reported to CDC.

Table 2. COVID-19 vaccination coverage among adolescents aged 12–17 years who completed the vaccine series by age group and sex — United States, December 14, 2020–July 31, 2021
Outbreak Associated with SARS-CoV-2 B.1.617.2 (Delta) Variant in an Elementary School — Marin County, California, May–June 2021

- 24 students exposed to a symptomatic, unvaccinated teacher.
- 27 total cases identified, including index patient
  - 12 of 24 students in classroom exposed tested positive
    - Overall attack rate of 50%
      - Attack rate of 80% in first 2 rows
      - Attack rate of 28% in 3 back rows
  - Additional 6 cases in a separate grade
  - Additional 8 parent and sibling cases linked
- 24 cases were unvaccinated
- 3 cases were fully vaccinated
- All 18 available specimens identified the Delta variant

http://dx.doi.org/10.15585/mmwr.mm7035e2

Not intended for press or for reporting purposes.
Patients with COVID-19 infection have 15.7 times the risk for myocarditis compared to those without COVID-19 infection:

- Higher among older (≥50 years) age groups
- Higher among younger (<16 years) age groups
  - Some myocarditis diagnoses may represent cases of multisystem inflammatory syndrome (MIS) in children
- Higher among males than females
- Persons with COVID-19 vaccination were excluded from the analysis to avoid bias from vaccine-induced myocarditis

Conclusion: The benefits of COVID-19 vaccination outweigh the risks for contracting myocarditis after vaccination.
Effectiveness of Pfizer-BioNTech and Moderna Vaccines in Preventing SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant – National Healthcare Safety Network, March 1-August 1, 2021

Adjusted effectiveness against infection for any mRNA vaccine:

- Pre-Delta period (March 1st to May 9th, 2021) 74.7%
- Intermediate period (May 10th to June 20th, 2021) 67.5%
- Delta period (June 21st to August 1st, 2021) 53.1%

Nursing home residents are at higher risk of infection with SARS-CoV-2:
- May have a less robust response to vaccines
- Multiple COVID-19 prevention strategies needed
  - Infection control
  - Testing
  - Vaccination of staff, residents, and visitors of the facility.

---

**TABLE. Effectiveness of full vaccination* with Pfizer-BioNTech or Moderna vaccines in preventing SARS-CoV-2 infection among nursing home residents, by period of B.1.617.2 (Delta) variant circulation — National Healthcare Safety Network, March 1–August 1, 2021**

<table>
<thead>
<tr>
<th>Vaccine type/Period</th>
<th>Aggregate weekly count of residents</th>
<th>No. of cases</th>
<th>Unadjusted **</th>
<th>Adjusted **</th>
<th>p-value**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any mRNA vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period 1: pre-Delta</td>
<td>936,123</td>
<td>466</td>
<td>74.3 (69.5–78.4)</td>
<td>74.7 (70.0–78.8)</td>
<td>Ref</td>
</tr>
<tr>
<td>Period 2: intermediate</td>
<td>1,859,929</td>
<td>440</td>
<td>65.8 (58.5–71.9)</td>
<td>67.5 (60.1–73.5)</td>
<td>0.06</td>
</tr>
<tr>
<td>Period 3: Delta</td>
<td>5,011,746</td>
<td>2,999</td>
<td>52.8 (48.8–56.5)</td>
<td>53.1 (49.1–56.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period 1: pre-Delta</td>
<td>679,288</td>
<td>348</td>
<td>74.7 (69.5–79.0)</td>
<td>74.2 (68.9–78.7)</td>
<td>Ref</td>
</tr>
<tr>
<td>Period 2: intermediate</td>
<td>1,246,078</td>
<td>316</td>
<td>63.5 (54.9–70.5)</td>
<td>66.5 (58.3–73.1)</td>
<td>0.07</td>
</tr>
<tr>
<td>Period 3: Delta</td>
<td>3,248,732</td>
<td>1,939</td>
<td>52.2 (47.7–56.3)</td>
<td>52.4 (48.0–56.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Moderna</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period 1: pre-Delta</td>
<td>256,835</td>
<td>118</td>
<td>72.6 (66.1–77.8)</td>
<td>74.7 (66.2–81.1)</td>
<td>Ref</td>
</tr>
<tr>
<td>Period 2: intermediate</td>
<td>613,851</td>
<td>124</td>
<td>73.2 (66.8–78.3)</td>
<td>70.4 (60.1–78.0)</td>
<td>0.45</td>
</tr>
<tr>
<td>Period 3: Delta</td>
<td>1,763,014</td>
<td>1,060</td>
<td>48.4 (42.3–53.8)</td>
<td>50.6 (45.0–55.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Unvaccinated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period 1: pre-Delta</td>
<td>217,534</td>
<td>447</td>
<td>Ref</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Period 2: intermediate</td>
<td>360,051</td>
<td>269</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period 3: Delta</td>
<td>953,861</td>
<td>1,397</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: CI = confidence interval; NA = not applicable; Ref = referent group.

* Fully vaccinated cases were defined as infections in residents who received the second of 2 doses of either Pfizer-BioNTech or Moderna vaccines ≥14 days before SARS-CoV-2–positive specimen collection.

† Periods for analysis were stratified as follows: period 1 = pre-Delta (March 1–May 9, 2021); period 2 = intermediate (May 10–June 20, 2021); period 3 = Delta (June 21–August 1, 2021).

‡ Results from a generalized linear mixed effects model with random effects for facility and zero-inflated Poisson distribution; vaccine effectiveness was estimated as 1 minus the rate ratio multiplied by 100, with rate ratio comparing rates among fully vaccinated to those among unvaccinated persons. Results for “other” category, which included those who received a single dose of Janssen (Johnson & Johnson) or mRNA vaccine, or those residents who received unspecified vaccines are not presented because this group combines the different categories and estimates will not be meaningful.

§ From the same model controlling for calendar week of reporting of case counts.

** p-values for comparison of adjusted vaccine effectiveness estimates in period 2 and period 3 with estimates in period 1. The difference in estimates among periods was evaluated by adding an interaction between periods and vaccine status in the model.

http://dx.doi.org/10.15585/mmwr.mm7034e3

Not intended for press or for reporting purposes.
Selected CDC Updates

Available at: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

COVID Data Tracker: https://covid.cdc.gov/covid-data-tracker/#datatracker-home


Not intended for press or for reporting purposes.
Laboratory Guidance

This call is not intended for the press or for reporting purposes.
COVID-19 Tests Reported to SDDOH by Month

COVID-19 Testing and Supply Chain Updates:
✓ Demand for testing is increasing rapidly
✓ Some testing supplies are now on allocation
✓ Some testing supplies are back-ordered
✓ Shipping delays are more common

Recommendations:
✓ Diversify testing opportunities
✓ Diversify vendors
✓ Order supplies early and often
Testing Resources Available through SDDOH

• Specimen collection supplies
  – VTM
  – Nasal and/or nasopharyngeal swabs

• Packaging and shipping supplies

• Saliva test kits through Vault Health/Rutgers Laboratory

• Antigen test kits
  – BinaxNOW antigen tests
  – Quidel QuickVue At-HOME OTC COVID-19 tests

• State public health laboratory testing support:
  – Diagnostic testing
  – Sentinel testing
  – Variant sequencing

• Reference laboratory testing support:
  – LabCorp: LTC, congregate living facilities, etc
  – National Jewish Health: IHS and Tribal Partners

**Very Limited Availability**

This call is not intended for the press or for reporting purposes
SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

• SDDOH continues to stock Abbott BinaxNOW COVID-19 Antigen test cards.

• For questions about BinaxNOW availability, please contact the following:
  – Long-term Care: Denise.Broadbent@state.sd.us
  – Healthcare: Laurie.Gregg@state.sd.us
  – K-12 Schools: Joe.Moran@state.sd.us
  – Higher Education: Laurie.Gregg@state.sd.us
  – Childcare Providers: Laura.Nordbye@state.sd.us

• SDDOH continues to accept requests for BinaxNOW antigen cards
  – Joan.Adam@state.sd.us
  – Tim.Southern@state.sd.us

• Inquiries for BinaxNOW resources can also be directed to:
  – Dorothy.Ahten@abbott.com

This call is not intended for the press or for reporting purposes
SDPHL SARS-CoV-2 Sequencing

- Delta variant continues to be the dominant SARS-CoV-2 variant in the United States and South Dakota.

- SDDOH has implemented a diversified sequencing program supported by SDPHL, MNPHL, and CDC.

- SDDOH is placing instrumentation to support additional sequencing in laboratories across South Dakota and is working with academic partners to increase sequencing capability.

This call is not intended for the press or for reporting purposes
With increased testing, laboratories are identifying more cases of COVID-19.

The SDPHL monthly sequencing goal is 300 specimens.

SDPHL asks that laboratories send the following SARS-CoV-2-positive specimens each week:
- Rural clinics, FQHCs, etc: first five (5)
- Indian Health Services and tribal clinics: first ten (10)
- Critical access hospital laboratories: first ten (10)
- Higher-education partners: first ten (10)
- Large hospital laboratory partners: first twenty-five (25)
- Reference laboratory partners: first twenty-five (25)

Nasal or nasopharyngeal swab specimens should be submitted in viral transport medium, sterile saline or sterile PBS within 48 hours of collection.

This call is not intended for the press or for reporting purposes
SDPHL will use the Laboratory Listserv (SDLABLIST) extensively in the coming months.

SDPHL will communicate several opportunities including:

- South Dakota Clinical Laboratory Enhancement Program (SD-CLEP) **September 2021**
- Workforce development **December 2021**

You can join the SDLABLIST anytime!
Long Term Care
Disease Impact & Vaccine Status in LTC – United States as of 09.02.2021. Data reported by nursing homes to the CDC’s National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module.

By the numbers

83.6% National Percent of Vaccinated Residents per Facility

61.8% National Percent of Vaccinated Staff per Facility

675,807 Total Resident COVID-19 Confirmed Cases

134,463 Total Resident COVID-19 Deaths

615,516 Total Staff COVID-19 Confirmed Cases

2,013 Total Staff COVID-19 Deaths


This call is not intended for the press or for reporting purposes.
Long Term Care in South Dakota

Trending of Disease in Nursing Homes and Assisted Living Centers

- 906 Deaths in LTC residents
- 44% of deaths among people with COVID-19

<table>
<thead>
<tr>
<th>Week</th>
<th>Resident Cases</th>
<th>Staff Cases</th>
<th>Number of Facilities</th>
<th>Nursing Homes</th>
<th>Assisted Living Centers</th>
<th>Facility Cases in Staff Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/03/2021</td>
<td>21</td>
<td>32</td>
<td>23</td>
<td>20</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>05/10/2021</td>
<td>16</td>
<td>29</td>
<td>18</td>
<td>18</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>05/17/2021</td>
<td>1</td>
<td>16</td>
<td>13</td>
<td>11</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>05/24/2021</td>
<td>2</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>05/31/2021</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>06/07/2021</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>06/14/2021</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>06/21/2021</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>06/28/2021</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>07/05/2021</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>07/12/2021</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>07/19/2021</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>07/26/2021</td>
<td>14</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>08/02/2021</td>
<td>16</td>
<td>15</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>08/09/2021</td>
<td>26</td>
<td>23</td>
<td>15</td>
<td>11</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>08/16/2021</td>
<td>25</td>
<td>31</td>
<td>23</td>
<td>15</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>08/23/2021</td>
<td>39</td>
<td>45</td>
<td>31</td>
<td>21</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>08/30/2021</td>
<td>70</td>
<td>70</td>
<td>38</td>
<td>25</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>09/06/2021</td>
<td>83</td>
<td>89</td>
<td>39</td>
<td>27</td>
<td>12</td>
<td>20</td>
</tr>
</tbody>
</table>

This call is not intended for the press or for reporting purposes.
Long Term Care in South Dakota

Providers must continue to follow the Core Principles of Infection Prevention.
- Screening (active)
- Hand hygiene
- Face coverings
- Instructional signage and education
- Cleaning and disinfecting
- Appropriate PPE
- Cohorting residents
- Appropriate testing

CMS Memos
- QSO-21-19-NH (5.11.21) - Vaccination
- QSO-20-38-NH (revised 4.27.21) - Testing
- QSO-20-39-NH (revised 4.27.21) - Visitation

This call is not intended for the press or for reporting purposes.
Choose to get vaccinated. Protect yourselves, your families, and our residents.

This call is not intended for the press or for reporting purposes.
BinaxNOW Testing Kits

To order Sentinel Collection kits from the SDPHL
• Email SDPHLOrderForm@state.sd.us

To start/stop receiving Sentinel Collection kits
• Email Lori.Konst@state.sd.us

To Order Abbott BinaxNow from the Department of Health
• Email COVIDResourceRequests@state.sd.us

This call is not intended for the press or for reporting purposes.
The South Dakota Department of Health (SDDOH), South Dakota Health Care Association (SDHCA) and South Dakota Association of Healthcare Organizations (SDAHO) are conducting a survey for long-term care facilities about their need and ability to store N-95 respirators in their facilities.

In the coming months SD DOH will be attempting to secure, purchase, and distribute N-95 respirators to long-term care and assisted living facilities across the state.

To ensure that this program is effective and timely, we are surveying facilities regarding storage and use of N-95 respirators. This survey is merely for the DOH to gather information about need and storage capacity. Once need is better understood, the DOH will be able to purchase and distribute accordingly as this project unfolds. Each facility should only complete the survey once.

Thank you for taking the time to review the information and provide feedback.

This call is not intended for the press or for reporting purposes.
Vaccination Update
Doses Administered

Total Doses Administered*
760,504

Total Persons Administered a Vaccine*
409,787

Percent of State Population with at least 1 Dose**
63%

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th># of Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
<td>26,971</td>
</tr>
<tr>
<td>Moderna</td>
<td>312,096</td>
</tr>
<tr>
<td>Pfizer</td>
<td>421,437</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doses</th>
<th># of Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen - Series Complete</td>
<td>26,971</td>
</tr>
<tr>
<td>Moderna - 1 dose</td>
<td>11,475</td>
</tr>
<tr>
<td>Moderna - Series Complete</td>
<td>150,295</td>
</tr>
<tr>
<td>Pfizer - 1 dose</td>
<td>20,999</td>
</tr>
<tr>
<td>Pfizer - Series Complete</td>
<td>200,201</td>
</tr>
</tbody>
</table>

Percent of Population

- 1 dose: 62.61%
- Series Complete: 56.92%

Based on 2019 Census Estimate for those aged 12+ years.

Not intended for press or for reporting purposes.
## Doses Administered

<table>
<thead>
<tr>
<th>Population Type</th>
<th>At Least One Dose (%)</th>
<th>At Least One Dose</th>
<th>Fully Vaccinated (%)</th>
<th>Fully Vaccinated</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+ Population</td>
<td>68.13%</td>
<td>502,890</td>
<td>59.48%</td>
<td>439,041</td>
<td>738,101</td>
</tr>
<tr>
<td>18+ Population</td>
<td>70.54%</td>
<td>470,898</td>
<td>62.47%</td>
<td>417,039</td>
<td>667,558</td>
</tr>
<tr>
<td>65+ Population</td>
<td>94.07%</td>
<td>142,860</td>
<td>87.70%</td>
<td>133,184</td>
<td>151,871</td>
</tr>
<tr>
<td>Total Population</td>
<td>56.85%</td>
<td>502,937</td>
<td>49.63%</td>
<td>439,053</td>
<td>884,659</td>
</tr>
</tbody>
</table>

*Not intended for press or for reporting purposes.*
COVID Vaccine coverage by age as of 09/07/2021

Not intended for press or for reporting purposes
SD DOSES Ordered All Partners

Not intended for press or for reporting purposes.
SD DOSES Ordered All Partners

Not intended for press or for reporting purposes.
## SD DOSES Ordered All Partners

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doses Ordered - Total</td>
<td>1,113,415</td>
</tr>
<tr>
<td>Doses Shipped - Total</td>
<td>1,106,845</td>
</tr>
<tr>
<td>Doses Delivered - Total</td>
<td>1,104,205</td>
</tr>
<tr>
<td>Doses Ordered - Jurisdiction</td>
<td>672,080</td>
</tr>
<tr>
<td>Doses Shipped - Jurisdiction</td>
<td>672,080</td>
</tr>
<tr>
<td>Doses Delivered - Jurisdiction</td>
<td>672,080</td>
</tr>
</tbody>
</table>

### Ordered by Pharmacy

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doses Ordered - Pharmacy</td>
<td>280,400</td>
</tr>
<tr>
<td>Doses Shipped - Pharmacy</td>
<td>276,590</td>
</tr>
<tr>
<td>Doses Delivered - Pharmacy</td>
<td>276,290</td>
</tr>
</tbody>
</table>

### Ordered by Federal Entity

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doses Ordered - Federal Entity</td>
<td>160,935</td>
</tr>
<tr>
<td>Doses Shipped - Federal Entity</td>
<td>158,175</td>
</tr>
<tr>
<td>Doses Delivered - Federal Entity</td>
<td>155,835</td>
</tr>
</tbody>
</table>

*Not intended for press or for reporting purposes.*
Doses administered over time

Not intended for press or for reporting purposes.
Coadministration of COVID-19 and Influenza Vaccine

You may administer COVID-19 and influenza vaccines without regard to timing (both live, attenuated and non-live influenza vaccines). This includes administration of COVID-19 and influenza vaccines on the same day, as well as coadministration at any time interval.

With influenza season approaching, there may be compelling logistical advantages to offering patients COVID-19 and influenza vaccines on the same day, and you may encourage patients to receive these on the same day. There are no safety concerns for coadministration.
Coadministration of COVID-19 and Influenza Vaccine

When deciding whether to coadminister another vaccine(s) with COVID-19 vaccine, consider:

- Whether the patient is behind or at risk of becoming behind on recommended vaccines
- The patient’s risk of vaccine-preventable disease
- The reactogenicity profile of the vaccines
- The likelihood of avoiding a missed opportunity to vaccinate

Best practices for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (i.e., adjuvanted influenza vaccines) in different limbs, if possible.

Not intended for press or for reporting purposes.
Third Dose/Booster Dose

Currently Moderately and Severely immunosuppressed are recommended to get a 3rd dose of mRNA vaccine.

No current recommendation for Janssen Booster.

Anticipation is that there will be a mRNA booster recommended for all patients 8 months after the 2nd dose. FDA and ACIP have yet to vote on this.

Not intended for press or for reporting purposes.
Infection Prevention

This call is not intended for the press or for reporting purposes.
Infection Control Guidance for Healthcare Facilities: Review

*Last updated June 3, 2020

Core IPC practices remain in place:
- Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19
- Implement Universal Source Control Measures
- Encourage Physical Distancing
- Have protocols in place for treating COVID + patients and PUI
- Robust Hand Hygiene practices
PPE Use and Supply

* Last updated July 16, 2020

- Goal to be in conventional capacity use as much as possible: “one and done” to avoid cross contamination.
- PPE that is used as transmission-based control (TBP) in COVID units (isolation or quarantine) should NEVER be extended use into non-COVID areas.
- **Source control** (extended mask use for staff in non-COVID areas) in response to community transmission rates: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) is used in your non-COVID areas.


Considerations for Covering N95s to Extend Use - [https://blogs.cdc.gov/niosh-science-blog/2020/06/16/covering-n95s/](https://blogs.cdc.gov/niosh-science-blog/2020/06/16/covering-n95s/)


This call is not intended for the press or for reporting purposes.
Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination: Review


*Last updated April 27, 2021

Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents:

*Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.

*Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions.

*This call is not intended for the press or for reporting purposes.*
Reporting COVID Test Results and Outbreaks in Healthcare Facilities (Long-Term Care and Assisted Living Facilities): A Review

**Individual COVID Test: BinaxNOW/POC Testing**

*You are acting as the “lab” and must report the results (+/-) to the state. (Additional reporting information on the next slide)*

*Must have a current CLIA certificate to utilize and perform these tests.*

*If you are sending viral PCR tests to a laboratory- they report these individual test results to the state on your behalf. This is why the lab requisition form is so important for them!*

**NHSN Reporting**

*If your facility reports individual test results to NHSN, these test results are shared with the SD DOH.*

*If you have questions regarding NHSN, contact your Great Plains QIN network.*

**Facility Outbreak**

*When one or more cases of COVID is identified in a resident or staff member-SD DOH needs to be notified that your facility is in outbreak mode. Reporting is usually done through DOH Outbreak reporting site. However, this is time consuming for facilities. That is why we have facilities do daily touch base emails/calls with Narcy, Elaine or Jana (dept. specific) instead.*

This call is not intended for the press or for reporting purposes.
BinaxNOW and other antigen point-of-care testing platforms:

- Report all test results (positive or negative) to the state. You can do this in several ways:
  - Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
  - Flat file (CSV) – Secure email
  - Disease reporting website – sd.gov/diseasereport
  - Fax – 605.773.5509

- Facilities need a CLIA certificate of waiver to perform in-house antigen testing.
- Contact Denise Broadbent: denise.broadbent@state.sd.us with ant CLIA certificate questions.
Learn About Infection Control

*On demand videos and curriculum for different topics.

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html

Project Firstline is committed to creating resources that help frontline healthcare workers understand and confidently apply the infection control principles and protocols necessary to protect themselves, their families, and their community.

This call is not intended for the press or for reporting purposes.
Community Mitigation

This call is not intended for the press or for reporting purposes.
Supply Chain Management

This call is not intended for the press or for reporting purposes.
PPE Request Procedure

All requests for PPE from DOH must be:

• Emailed to COVIDResourceRequests@state.sd.us,

• Faxed to 605.773.5942, or

• Called in to 605.773.3048 to ensure prioritization and coordination of requests.

• Do not duplicate your request by using all three means of communication.

• Any requests received through any other email or number will all be directed to email COVIDResourceRequests@state.sd.us OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.

This call is not intended for the press or for reporting purposes.
On-going Communication

This call is not intended for the press or for reporting purposes.
Helpful sources of information:

- covid.sd.gov
- coronavirus.gov

- SD COVID-19 Help Line: 800-997-2880

This call is not intended for the press or for reporting purposes.
Communications

- SD-HAN: sdhan.sd.gov
- Epi Listserv
- Lab Listserv
- HAI Listserv
- OLC Listserv

Visit covid.sd.gov to subscribe
Questions?

Follow-up after the webinar
COVID Helpline: 800-997-2880
Epidemiology: 605-773-3737
Laboratory: 605-773-3368

COVID.sd.gov

Not intended for press or for reporting purposes